

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name TACO BELL NO. 20585	Telephone Number Est (812) 949-7084 Own (812) 945-9810	Date of Inspection 07/22/2021	ID#		
Address 4018 GRANT LINE ROAD, NEW ALBANY IN 47150					
Owner C & M SMITH RESTAURANT, INC.	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 07/22/2021		
Owner's Address 5140 CHARLESTOWN ROAD SUITE 4 NEW ALBANY, IN 47150-		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _			
Person in Charge JOSEPH STOKES					
Responsible Person's Email RS020585@TACOBELL.COM					
Certified Food Handler AARON NEWTON					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
129	X			Observed employee arrive for work and put on gloves before washing hands. Retrain/ remind all staff handwash should be done before starting any tasks in the kitchen.	Corrected
392		X		Observed the dumpster lid open.	Today
297		X		Observed buildup on soda nozzle in lobby and a puddle in the soda cabinet in lobby.	Today
Summary of Violations C <u> 1 </u> NC <u> 2 </u> R <u> 0 </u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	